INDUSTRIALIZED BUILDING/MANUFACTURED HOME SAFETY REGULATIONS AFFIDAVIT

All individuals applying for a permit to erect structures approved under either the Virginia Industrialized Building Safety Regulations or the Virginia Manufactured Home Safety Regulations must complete this form and include a copy with each set of foundation and site plans prior to issuance of a building permit.

(Please Print or Type)

| I, | | | | |
|--|---|--------------------------|---------------------------------------|-------------------------|
| Address | | is design | ed in accordance with th | ne |
| current edition of the: (check one that applies) | | | | |
| | 5 | | | |
| Virginia Industrialized Building Safety | <u> </u> | | | |
| Virginia Manufactured Home Safety R | egulations | G | | |
| The structure will be inspected and labeled by | | | | |
| approved by the Commonwealth of Virginia. | | List approved inspection | n agency | |
| approved by the Commonwealth of Virginia. | | | | |
| I further certify that I have authority from the correct, and that the construction will conform | | | hat the information is co | omplete an |
| · | | | Date | omplete an |
| correct, and that the construction will conform | to the regulat | | | omplete an |
| correct, and that the construction will conform Signature of Owner/Agent STATE/DISTRICT OF | n to the regular | | | omplete an |
| correct, and that the construction will conform Signature of Owner/Agent STATE/DISTRICT OF | n to the regular | tions indicated. | | omplete an |
| Signature of Owner/Agent STATE/DISTRICT OF CITY/COUNTY OF | to the regular | tions indicated. | Date | |
| Signature of Owner/Agent STATE/DISTRICT OF CITY/COUNTY OF I, | to the regular : : t ; a Notary P | to-wit: | Date e aforesaid State/Distric | ct hereby |
| correct, and that the construction will conform | to the regular : : t : , a Notary P | to-wit: | Date e aforesaid State/District and 0 | ct hereby City/Count |
| Signature of Owner/Agent STATE/DISTRICT OF CITY/COUNTY OF I, certify that | to the regular : : t : , a Notary P | to-wit: | Date e aforesaid State/District and 0 | ct hereby City/Count |